

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026657

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

1922

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED JUL 1 1963

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
Kirkwood

Length of stay in lb
6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Eureka Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
120 S. Virginia Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
Annie Ellen Hollocher

4. DATE OF DEATH Month Day Year
6 13 63

5. SEX f

6. COLOR OR RACE W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2/24/1881

9. AGE (last birthday) 82 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housework

10b. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (City and state or country) Hermann, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME (Unknown) Heinlein

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Roy Hollocher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT Edna Hegmeister, 120 S. Virginia, Eureka, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) APLASTIC ANEMIA

INTERVAL BETWEEN ONSET AND DEATH UNILNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to 13 June 63 and last saw her alive on 12 June 63. Death occurred at 13 June 63 1 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Brown M.S.

22b. ADDRESS Pacific Mo

22c. DATE SIGNED 14 June 63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 6/15/63

23c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery

23d. LOCATION (City, town, or county) Pacific, Missouri

24. FUNERAL DIRECTOR ADDRESS

Schrader Funeral Home, Inc.

25. DATE RECD. BY LOCAL REG. 6-14-63

26. REGISTRAR'S SIGNATURE John B. Mumfry M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.